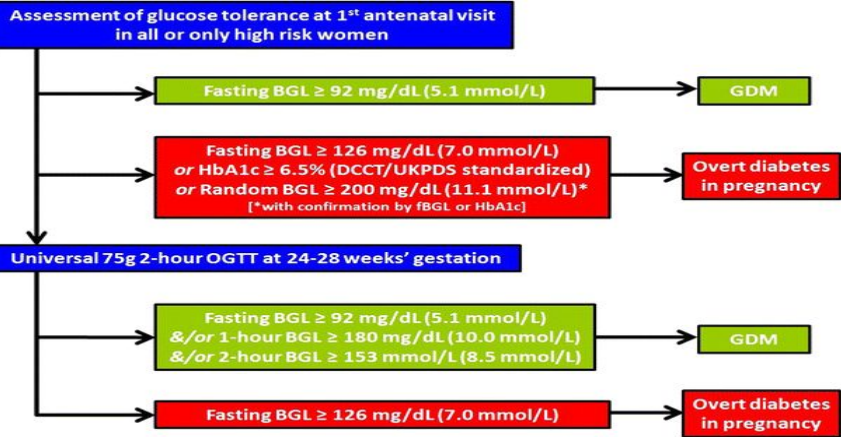



CASE INTRODUCTION: 31 YR
G5P3L1IUFD2MTP1 WITH PREVIOUS 3 LSCS
WITH K/C/O OVERT DIABETES MELLITUS WITH
HISTORY OF CEREBRAL VENOUS SINUS
THROMBOSIS WITH SEIZURE DISORDER



Complications

Complications of DKA

- Infection
 - Precipitates DKA
 - Leukocytosis can be secondary to acidosis
- Shock
 - If not improving with fluids r/o MI
- Vascular thrombosis
 - Severe dehydration
 - Cerebral vessels
 - Occurs hours to days after DKA
- Pulmonary Edema
 - Result of aggressive fluid resuscitation
- Cerebral Edema
 - First 24 hours due to aggressive correction of hypoglycemia or administration of hypotonic solution
 - c/p: Mental status changes
 - Tx: Mannitol
 - May require intubation with hyperventilation



Fetal

- Distress
- Perinatal death
- Brain injury
- Long term developmental impacts.

Management of DKA in pregnancy

- Goals**
1. Re-hydration (IV fluid therapy)
 2. Normalization of serum glucose (IV insulin therapy)
 3. Electrolyte correction
 4. Correction of acidemia (need for bicarbonate administration)
 5. Elimination of the underlying cause
 6. Monitoring of maternal and fetal responses



SEVERE DEHYDRATION DUE TO DIABETIC KETOACIDOSIS LED TO CVST WITH CEREBROVASCULAR EMBOLISM CAUSING FACIAL PALSY AND HEMIPARESIS IN THIS WOMAN FOLLOWING WHICH HER COMPLETE COAGULATION PROFILE WAS DONE AND WAS FOUND TO BE NEGATIVE AND STARTED ON INJ LMWH IN HER ANC PERIOD.

PREGNANCY BEING A HYPERCOAGUABLE STATE WITH BAD OBSTETRIC HISTORY WITH HIGHLY UNCONTROLLED SUGARS WITH HBA1C OF 10.5 DECISION TO TERMINATE PREGNANCY AT 33WKS GESTATION TAKEN. PATIENT DELIVERED A FEMALE BABY OF 2400GM SHIFTED TO NICU FOR OBSERVATION I.V.O. PRETERM BIRTH.



DKA is common during pregnancy
WHY?

- **Pregnancy is a stat of Relative insulin resistance especially in 2nd & 3rd trimesters.**
- **Increased levels of HPL ,E, P & Cortisol act as insulin antagonists& impair maternal insulin sensitivity.**
- **Pregnancy is a state of respiratory alkalosis associated with a compensatory drop in bicarbonate levels; this impairs the renal buffering capacity.**